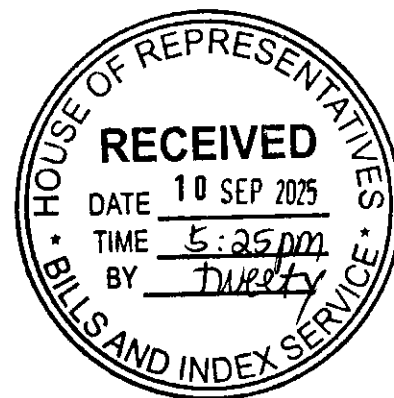


Republic of the Philippines
HOUSE OF REPRESENTATIVES
Quezon City

TWENTIETH CONGRESS
First Regular Session

HOUSE BILL NO. 4524



Introduced by: Hon. Iris Marie D. Montes

AN ACT
INSTITUTING UNIVERSAL ORAL HEALTH CARE FOR ALL FILIPINOS AND
APPROPRIATING FUNDS THEREFOR

EXPLANATORY NOTE

*"There is no health without oral health,
and there is no UHC without oral health care."*

The 2022 WHO Philippine Country Oral Health Profile reports that dental caries affected 29.4% of individuals aged 5 and older, while 7.5% of those aged 20 and above experienced edentulism (complete tooth loss). Total productivity losses due to five (5) oral diseases in million (US\$) amounted to USD 825 million.¹

Although oral diseases can be prevented through health education, fluoride varnish application, and sealant placement, many Filipinos do not have access or cannot afford oral health services.

The 2018 National Oral Health Survey revealed that only 57.6% sought dental care, with 48.7% doing so due to toothache. Barriers to consultation included financial constraints (54.8%), fear (22.8%), and busy schedules (14.3%).

The Philippine Health Insurance Corporation Circular No. 2024-0034 underscores that based on a cost-effectiveness study "subsidizing oral health services, though initially expensive, is a worthwhile investment, with phased implementation being financially feasible" (*Emphasis supplied*).

WHO's Global Strategy on Oral Health recognizes that "achieving the highest attainable standard of oral health is a fundamental right of every human being".²

It implies that oral health is a public good, and that achieving good oral health is a public responsibility—particularly towards vulnerable and disadvantaged populations

¹ https://cdn.who.int/media/docs/default-source/country-profiles/oral-health/oral-health-phl-2022-country-profile.pdf?sfvrsn=23e65e54_9&download=true Accessed on 17 August 2025

² WHO Draft global strategy on oral health (WHO WHA 75.10, Add 1, Annex 3). April 27, 2022. https://apps.who.int/gb/ebwha/pdf_files/WHA75/A75_10Add1-en.pdf Accessed on 17 August 2025

who face the highest risks and disease burdens and the lowest access to health services.³

As part of the country's commitment to Universal Health Care Act, which includes the provision of oral health, this bill seeks to improve access to essential oral health care for all Filipinos, without financial hardship.

It aims to strengthen the delivery of oral health services in the country pursuant to the Global Strategy and Action Plan on Oral Health 2023-2030, which translates the vision, goal and strategic objectives of the global strategy into a series of 100 actions for stronger and more coordinated action on oral health.

The Global strategy and action plan on oral health 2023-2030 contains the complete set of policy documents that define WHO's global oral health agenda and six strategic objectives that were incorporated in the bill. These include oral health governance; oral health promotion and oral disease prevention; health workforce; oral health care; oral health information systems; and oral health research agendas.

Indeed, there is no health without oral health, and there is no UHC without oral health care.

Hence, the immediate approval of this bill is earnestly sought.


IRIS MARIE D. MONTES
Kababaihan Kabalikatan para sa Kapakanan
at Kaunlaran ng Bayan (4K) Party-list

³ Winkelmann J, Listl S, van Ginneken E, Vassallo P, Benzian H. Universal health coverage cannot be universal without oral health. *Lancet Public Health*. 2023 Jan;8(1):e8-e10. doi: 10.1016/S2468-2667(22)00315-2. Epub 2022 Dec 11. PMID: 36516876; PMCID: PMC9810536. Accessed on 17 August 2025

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Be it enacted by the Senate and the House of Representatives of the Philippines in Congress assembled:

CHAPTER I
GENERAL PROVISIONS

SECTION 1. *Short Title.* - The Act shall be known as the "Universal Oral Health Care Act".

SEC. 2. *Declaration of Policy.* - Section 15, Article II of the 1987 Constitution underscores that "The State shall protect and promote the right to health of the people and instill health consciousness among them." Moreover, pursuant to various international declarations, agreements, and initiatives, the State affirms its strong commitment to the prevention and control of non-communicable diseases, which include oral health as one of the most common non-communicable disease in the country that is recognized as a major public health problem and share common risk factors with other noncommunicable diseases.

As such, the State prioritizes oral health by ensuring the provision of people-centered oral health care that is integrated into primary health care. Furthermore, the State commits to strengthen and scale up efforts to address oral health as part of universal health care.

Towards this end, the State shall ensure that all Filipinos are guaranteed equitable access to quality and affordable interventions that promote oral health and prevent and treat the most prevalent and/or severe oral diseases and conditions, including appropriate rehabilitative services and referral.

SEC. 3. *Definition of Terms.* - As used in this Act:

(a) *Basic oral health care* refers to the essential promotive, preventive, and curative services that include oral examination, toothbrushing drills, scaling or oral prophylaxis, filling of restorable cavities and extraction of unsavable teeth, including referral and check-up of dental clinical cases;

(b) *Oral health* refers to a fundamental component of health and physical and mental well-being that includes the ability to speak, smile, smell, taste, touch, chew, swallow and convey a range of emotions through facial expressions with confidence and without pain, discomfort and disease of the craniofacial complex; and

(c) *Risk to oral health* refers to poor oral hygiene practices.

CHAPTER II ORAL HEALTH GOVERNANCE

SEC. 4. *Oral Health Bureau (OHB)*. – An Oral Health Bureau, hereinafter referred to as the OHB, shall be established under the Department of Health (DOH). It shall ensure the promotion and delivery of quality, affordable, accessible and available oral health care. The OHB shall take overall responsibility for policy development, standard setting, coordination, and integration of all oral health activities.

The OHB shall be headed by a Director who shall be designated to provide operational leadership, undertake coordination with stakeholders and ensure effective and sustainable implementation of the Program. The Director must be a dentist of good moral character and must have practiced clinical dentistry for a period of not less than ten (10) years with relevant background in the area of disease prevention and control or public health for not less than five (5) years.

The OHB shall have the following units: Standards, Policy and Planning Unit; Research, Surveillance, Monitoring and Evaluation Unit; Logistics Management and Supply Unit; Administrative Unit; and such other units as may be deemed necessary for efficient and effective delivery of oral health services.

SEC. 5. *Powers and Functions*. – The OHB shall exercise the following powers and functions:

(a) Formulate and recommend policies, standards, guidelines and techniques on oral health services;

(b) Develop and oversee the implementation of the Program that aims to define and address the oral health burden of the country. The role and obligations of government agencies and stakeholders shall be clearly defined and shall endeavor to specify national and regional oral health indicators that is responsive, evidenced-based and culturally sensitive.

(c) Coordinate and oversee the provision of oral health services in all hospitals of the national government and local government units;

(d) Provide consultative and training services to non-government agencies on development of oral health care programs and research;

(e) Initiate the formulation and conduct of basic, applied and operational researches for the prevention of oral health disease and feasibility studies for the improvement of oral health care delivery system;

(f) Coordinate and oversee capacity building in the development of human resources for oral health in partnership with Professional Regulations Commission

(PRC), academe, including state colleges and universities (SUCs), Commission on Higher Education (CHED), Technical Education and Skills Development Authority (TESDA), oral health professional organizations, students of dentistry, dental hygiene and dental technicians;

(g) Supervise and coordinate all oral health activities of DOH–Centers for Health Development; and

(h) Provide technical assistance on oral health to DOH–Centers for Health Development and the Ministry of Health–Bangsamoro Autonomous Region in Muslim Mindanao (MOH–BARMM), and local government units.

SEC. 6. *Strengthening of the Regional Centers for Health Development in the Provision of Oral Health Services.* – The Secretary of Health shall strengthen the Regional Centers for Health Development in the provision of oral health services by undertaking the following activities:

(a) Provide basic package of essential oral health services for every life cycle group such as infants, pregnant women, children, adolescent and youth, and senior citizens;

(b) Provide outreach programs and activities in unserved and underserved areas of the country;

(c) Undertake public information and education programs to train the public on oral hygiene;

(d) Train and enhance the capability of oral health providers in both public and private hospitals; and

(e) Ensure that monitoring services are extended as far as practicable, at the lowest local level health unit

SEC. 7. *National Oral Health Program.* – There is hereby established a National Oral Health Program, hereinafter referred to as the Program, which shall have the following objectives:

(a) Improve the determinants of oral health;

(b) Integrate oral health promotion and preventive services with primary health care, particularly in the implementation of Republic Act No. 11223, otherwise known as the Universal Health Care Act and Republic Act No. 11148, otherwise known as the “Kalusugan at Nutrisyon ng Mag-Nanay Act” as well as programs on nutrition, maternal and child health, women’s health and safe motherhood, adolescent, youth and elderly, tobacco and drug abuse, water and sanitation, among others;

(c) Provide timely access to quality basic oral health care and treatment;

(d) Control risks to oral health, especially of the younger population;

(e) Reduce the prevalence rate of dental caries and periodontal diseases;

- (f) Improve the oral health conditions of pregnant women and older persons;
- (g) Increase the proportion of orally fit children;
- (h) Make oral health treatment and care more affordable and accessible;
- (i) Integrate the prevention of dental decay and basic oral care in health promotion programs and feeding strategies;
- (j) Incorporate prevention and basic oral care activities into the primary health care package of services;
- (k) Reorient oral health policy and planning away from a conventional model of restorative dentistry towards a preventive model of care that promotes oral health; and
- (l) Ensure the provision of oral health assessment, nutrition services and interventions at the different life stages, topical fluoride therapy, pits and fissure sealant application, oral prophylaxis, and permanent fillings, among other services;

SEC. 8. *Oral Health Program in Local Government Units.* - All provinces, cities, municipalities, and barangays shall implement their respective oral health programs in accordance with the National Oral Health Program. Local government units shall ensure the delivery of quality, affordable, accessible, and available oral health services in their respective health facilities.

SEC. 9. *Oral Health Unit in Rural Health Unit.* - In pursuit of the primary health care approach in the delivery of health services, there is hereby created an oral health unit in every rural health unit. The Oral Health Unit shall be composed of a public health dentist and a trained Barangay Health Worker as a dental aide who shall act to promote preventive oral healthcare in the rural areas.

SEC. 10. *Incorporation of Oral Health in the Standards, Licensing, Regulation, Quality Assurance, Monitoring and Evaluation of Health Facilities.* - The Health Facilities and Services Regulatory Bureau (HFSRB) of the Department of Health shall incorporate oral health in the standards, licensing, regulation, quality assurance, monitoring and evaluation of health facilities. Likewise, the HFSRB shall employ Dentist IV and Dentist III positions to complement their human resource requirements.

SEC. 11. *Prevention of Illegal Practices in Oral Health.* - The Professional Regulatory Commission (PRC) shall adopt an effective regulatory framework, in consultation with the Philippine Dental Association (PDA), to prevent illegal practices in the oral health profession.

CHAPTER III ORAL HEALTH PROMOTION AND DISEASE PREVENTION

SEC. 12. *Oral Health Awareness Campaign.* - The DOH shall intensify its oral health awareness campaign and provide the latest and evidence-based information for the prevention and treatment of oral diseases. The DOH, in collaboration with the Department of Information and Communications Technology, shall make full use of the latest technology to disseminate information to reach every Filipino. The awareness

campaign must increase oral health literacy and understanding of risk factors associated with oral disease.

SEC. 13. *National Oral Health Month.* – The month of February of every year shall be known as the “National Oral Health Month” throughout the Philippines. The DOH, in collaboration with the Philippine Information Agency, local government units, dental societies, and academic institutions shall lead the observance of the National Oral Health Month.

SEC. 14. *Oral Health Promotion and Advocacy.* – The Health Promotion Bureau of the DOH shall develop a comprehensive oral health communication plan that will encompass promotion, communication and advocacy of oral health across the life stages applicable for all settings. Additional positions shall be created to complement the oral health services, patient’s education and public health promotions. The DOH as the overall steward for health care, shall strengthen national efforts in providing a comprehensive and coordinated approach to health development with emphasis on scaling up health promotion and preventive care.

CHAPTER IV ORAL HEALTH WORKFORCE

SEC. 15. *Personnel Complement.* – To ensure the effective implementation of this Act, the personnel complement currently assigned for the existing oral health program of the DOH under the Disease Prevention and Control Bureau shall be transferred to the OHB. The Secretary of Health shall, in coordination with the Secretary of Budget and Management (DBM), address human resource needs by creating the additional plantilla positions for oral health professionals and necessary personnel required in the Program: Provided, That deployment to Geographically Isolated and Disadvantaged Areas (GIDAs) shall be prioritized. It shall ensure that salaries of oral health professionals in the public sector are competitive.

Human resource development for oral health shall be geared towards the development of adequate, appropriate, competent and highly motivated health professionals and trained auxiliaries to manage and provide quality oral health services.

SEC. 16. *Capacity Development.* – The DOH, in collaboration with oral health professional societies, LGUs leagues, and LGU-based associations, academic institutions, civil society organizations, and the private sector, shall formulate, implement and update capacity development program for all health care workers providing oral health services/care and support at all levels of the health care system. The capability of public health systems and facilities in the provision of oral health services shall also be strengthened through the following activities:

(a) Allocation of adequate resources to ensure the provision of essential oral health services;

(b) Provision of relevant, timely, and accurate information management system for oral health; and

(c) Build up highly motivated health professionals and trained auxiliaries to manage and provide quality oral health care.

CHAPTER V ORAL HEALTH INFORMATION SYSTEMS

SEC. 17. *Strengthening Oral Health Information Systems.* - Oral health indicators shall be integrated into the national health information system consistent with Section 31 of Republic Act No. 11223, otherwise known as the "Universal Health Care Act".

Health and health-related data on oral health shall include risk factors and the social and commercial determinants of oral health inequalities, evaluation of oral health program and information on the oral health workforce, population-based oral health surveys, and other appropriate surveillance specific to oral diseases, including self-reported data collection.

SEC. 18. *Monitoring and Evaluation.* - Pursuant to Section 32 of the UHC Act, relevant modules of household surveys on oral health shall be conducted by the Philippine Statistics Authority (PSA).

The DOH shall publish annual provincial burden of oral disease estimates using internationally validated estimation methods and biennially using actual public and private sector data from electronic records and disease registries, to support local government units in tracking progress of oral health outcomes.

CHAPTER VI ORAL HEALTH RESEARCH AGENDAS

SEC. 19. *Research Agenda for Oral Health.* - The OHB, in consultation with oral health stakeholders, shall create and periodically update context- and needs-specific research that is focused on the public health aspects of oral health and implement new oral health research agendas that are oriented towards public health programs and population-based interventions. It shall lead in the assessment, evaluation, and innovation of population-based oral health policies and the application of evidence generated by public health interventions.

CHAPTER VII FINAL PROVISIONS

SEC. 20. *PhilHealth Benefits.* - The Philippine Health Insurance Corporation (PhilHealth) shall expand its benefit packages for oral health services in both adults and children. The development and expansion of PhilHealth benefits shall go through proper, transparent and standardized prioritization process in accordance with the appropriate provisions of the UHC Act.

SEC. 21. *Annual Report.* - The Secretary of Health shall submit to the Committees on Health of the Senate and the House of Representatives an annual report on the progress of the implementation of this Act.

SEC. 22. *Appropriations.* - The amount necessary for the implementation of this Act shall be charged to the current appropriations of the DOH. The amount for the continued implementation of this Act shall be included in the annual General Appropriations Act.

SEC. 23. *Implementing Rules and Regulations.* - The DOH, in consultation and coordination with appropriate national government agencies, non-government organizations, private sector representatives, and other stakeholders, shall promulgate the necessary rules and regulations for the effective implementation of this Act no later than one hundred eighty (180) days upon the effectivity of this Act.

SEC. 24. *Separability Clause.* - If any provision of this Act is held invalid or unconstitutional, the same shall not affect the validity and effectivity of the other provisions hereof.

SEC. 25. *Repealing Clause.* - All other laws, decrees, executive orders and rules and regulations contrary to or inconsistent with the provisions of this Act are hereby repealed, modified or amended accordingly.

SEC. 26. *Effectivity.* - This Act shall take effect fifteen (15) days after its publication in the Official Gazette or in any newspaper of general circulation.

Approved,